Sign up for the San Francisco Maritime NHP's VIP/Library Oral History Program!

Researcher Participant Form

Name:	<u> </u>
Address:	
Phone: (h)	
(w)	
(c)	<u> </u>
Email:	<u> </u>
(Please indicate with a * the best way we can con	ntact you)
Briefly tell us your experience with:	
• Maritime Subjects:	
Oral History Research	
• Technology (audio/video, computers)	
How are you interested in contributing to this pros Interviewing Transcribing Research Editing Preservation of Tapes Other	gram? Please check all that apply
Signature	Date